

STANDARD INFORMED CONSENT - CHILD TO PARTICIPATE IN A RESEARCH PROJECT

Project Number

HREC/14/QRCH/377

Title of Project

A Randomised Controlled Trial of an Online Cognitive Rehabilitation Program for Children with Cerebral Palsy

Investigator(s)

Dr Koa Whittingham, Dr Jeanie Sheffield, Professor Roslyn Boyd, Ms Jane Wotherspoon

I (Parent/Guardian name) _____

voluntarily consent for my child to take part in the above titled Research Project, explained to me by Mr/Ms/Dr/Professor _____

Child's Name _____

Address _____

Contact Phone _____

Numbers _____

I have received a Parent/Guardian Information Statement to keep and I believe I understand the purpose, extent and possible effects of my child's involvement

I have been asked if I would like to have a family member or friend with me while the project was explained

I have had an opportunity to ask questions and I am satisfied with the answers I have received

I understand that the researcher has agreed not to reveal results of any information involving my child, subject to legal requirements

If information about this project is published or presented in any public form, I understand that the researcher will not reveal my child's identity

I understand that if I refuse to consent to my child's participation, or if I withdraw my child from the project at any time without explanation, this will not affect my child's access to the best available treatment options and care from Children's Health Queensland.

If you do not wish to participate, **it is okay to say no**

I understand I will receive a copy of this consent form

- **I consent to participate in this research project.**

YES ☐

NO ☐

SIGNATURE _____

Date _____

I have explained the study to the parent/guardian who has signed above, and believe that they understand the purpose, extent and possible effects of their child's involvement in this study.

RESEARCHER'S SIGNATURE _____

Date _____

Note: All parties signing the Consent Form must date their own signature.